

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	~					
TOTAL DEP.	16	↔	↔	↔		
TOTAL CLAIMS	18	████	████	████	████	████

TOTAL IND.	████	↔	████	↔	████	↔	████
TOTAL DEP.							
TOTAL CLAIMS							